



JOSEPH R. BIDEN, III
ATTORNEY GENERAL

DEPARTMENT OF JUSTICE
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APPLICATION FOR IDENTITY THEFT PASSPORT

Please type or print legibly.

Name _____
Last First Middle

Prior Name _____
Last First Middle

Mailing Address _____
Street or PO Box City State Zip code

Other Address _____
Street or PO Box City State Zip code

Home Phone _____ **Work Phone** _____

Date of Birth _____ **Place of Birth** _____
City State County

Gender _____ **Male** _____ **Female Drivers License** _____
State Number

CRIME INFORMATION

Date you discovered the theft _____

County and State where theft occurred _____

Law enforcement agency taking police report _____

Police report number _____ **Date of police report** _____

Has the person who stole your information been identified? _____ **Yes** _____ **No**

If yes, suspect's name _____

Has an arrest been made? _____ Yes _____ No _____ I don't know

Provide a brief description of the theft and any documentation you have that supports the crime. Include what was stolen (e.g. credit card, SSN, etc.) and the numbers of any accounts that have been affected.

CERTIFICATION

I hereby certify with my signature below that the information provided on this form is true and accurate to the best of my knowledge and that I have filed a police report of this incident. I understand if I knowingly provide false information, I may be subject to prosecution.

Applicant Signature

Date: _____

Please mail or fax this form to

Department of Justice – ID Theft Passport Program
Consumer Protection Unit
Carvel State Office Building
820 N. French St., Fifth Floor
Wilmington, DE 19801

Fax: (302) 577-6499

For additional information call:

(302) 577-8600 in New Castle County or
(800) 220-5424 in Sussex and Kent Counties